Conclusion: This study shows that both SCT and SCS have substantial beneficial effects on HRQoL. By identifying patients socially isolated and by ensuring social integration of patients, future management of OA could lead to better health outcomes, especially in mental dimensions which have been consistently found to be impaired in OA.

PA6

RELATIONSHIP BETWEEN OARSI RESPONSE CRITERIA AND PATIENTS GLOBAL ASSESSMENT OF TREATMENT EFFICACY IN KNEE OSTEOARTHRITIS (OA)

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Aim: The aim of this study was to assess the relationship between a recently published set of response criteria in knee OA and patients' global evaluation of efficacy.

Methods: In knee OA patients (N=253) treated with Hylan G-F 20 viscosupplementation, response rates according to patients' evaluation of efficacy (a "good" or "satisfactory" efficacy defining "global responder" patients) were compared with OARSI response rates. OARSI knee intra-articular specific drug -proposition A and B- were studied (defining "OARSI A" or "OARSI B" responder patients). In these three populations of responders we described the absolute and relative mean changes over 9 months in WOMAC pain, WOMAC function and global assessment (patient's disease activity on a VAS).

Results: OARSI A, OARSI B and global response rates were respectively 62.8%, 61.7% and 71.7%. Out of global responders, 76.8% were OARSI A and 75.7% OARSI B responders. There were 87.5% and 87.9% global responders in OARSI A and B responders.

Mean changes in the three responder populations were given below:

	OARSI A	OARSI B	Global responders
Pain change			
- absolute (mm)	- 35.6 + 14.8	- 36.0 ± 14.7	- 29.6 ± 18.8
- relative (%)	- 70.3 ± 20.6	- 70.6 ± 20.8	- 60.3 ± 32.3
Function change			
- absolute (mm)	-28.4 ± 15.7	-29.0 ± 15.4	-23.3 ± 18.7
- relative (%)	-62.7 ± 26.5	-63.6 ± 25.4	-51.1 ± 40.6
Global assessment change			
- absolute (mm)	- 41.7 ± 21.4	-41.9 ± 21.3	-35.6 ± 24.4
- relative (%)	- 66.7 ± 30.0	- 67.0 ± 29.9	- 58.2 ± 39.5

Conclusions: Higher mean changes in pain, function and global assessment are required to fulfill OARSI response criteria compared to patients' global response. Mean changes and response rates for knee intra-articular specific drug were similar whatever proposition A or B applied.

PA7

BONE EDEMA: DISSONANCE BETWEEN PAIN AND X-RAY OSTEOARTHRITIS

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Bone marrow edema (BME) by magnetic resonance imaging (MRI) is a prominent finding of several pain syndromes. We hypothesized that subchondral BME coupled with information about the nature and location of focal cartilage defects would explain the conundrum of self-reported joint pain in the apparent absence of x-ray-defined knee osteoarthritis (OAK). A total of 120 women grouped by self-reported pain and x-ray status (30 per group) were identified from the Southeast Michigan Arthritis cohort of black and white pre- and perimenopausal women (n=1053), aged 33-55, with weight bearing x-rays of both knees, self-reported knee joint pain and risk factors for OA. Definition of OAK was a Kellgren-Lawrence score of two or greater. Participants were evaluated using a 1.5 T (GE Sigma) scanner equipped with a knee surface coil. Sequences involved fast spin echo proton density with fat saturation sequences. Scoring for BME and cartilage defects were undertaken by two radiologists, blinded as to the x-ray OAK status and to group assignment.

Group n=30/grp	Pain	x-ray OAK	No BME	No cartilage defect
1	No	No	50%	17%
2	No	Yes	13%	0%
3	Yes	No	47%	20%
4	Yes	Yes	10%	0%

Women with evidence of BME were 7 times more likely (95% CI=2.7,17.7) to be identified by x-ray as having OAK whereas the Odds ratio for BME and pain was 1.1 (95% CI=0.5-2.5).The summary BME in the worst knee did not account for self report of pain or account for the pain/x-ray OA incongruity in groups 2 and 3. BME is likely due to mild cellular injury, probably induced by micro-trauma. However, using a global measure of BME did not explain the dissonance between report of pain and x-ray findings. Further evaluation will be required to determine if comparison by compartment or severity is more explanatory of the dissonance.

PA8

THE AUSCAN OSTEOARTHRITIS (OA) HAND INDEX: USE IN THE EVALUATION OF HAND OA PATIENTS IN THE "ADVANTAGE" TRIAL

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Method: A cohort of patients with OA of the hand was evaluated in a planned subgroup analysis, using AUSCAN OA Hand Index in a trial assessing the gastrointestinal (GI) tolerability of rofecoxib (RO) and naproxen (NA) in the treatment of patients with knee, hip, hand, or spine OA over 12 weeks. Eligible patients were randomly assigned to treatment with RO 25 mg qd or NA 500 mg bid. GI tolerability, as defined by the incidence of discontinuations due to GI adverse experiences (AE), was the primary endpoint. OA efficacy was assessed by the Patient Global Assessment of Disease Status (PGADS), the AUSCAN OA Hand Index LK3.0S, and discontinuations due to lack of efficacy (LOE).

Results: 5557 patients received RO (n=2785) or NA (n=2772). Baseline characteristics were similar between treatment groups. 16.4% of patients (n=447 and 463; RO and NA respectively) patients identified the hand as their primary source of OA symptoms and were required to complete the AUSCAN questionnaire, a categorical scale (Pain/Difficulty: 1=None to 5=Extreme) to assess three domains of hand OA (pain, stiffness, and physical function, comprised of 5, 1 and 9 questions, respectively). Patients were asked to select one pain item and one physical function item which they most hoped would improve. Also, all patients completed the PGADS, a 100 mm VAS (0=very well; 100=very poor).

	Rotecoxib	Naproxen	P value
PGADS change (mm) Hand*	- 6.94	- 6.41	N S
AUSCAN Pain Domain*	- 0.28	- 0.31	N S
AUSCAN Stiffness Domain*	- 0.39	- 0.33	N S
AUSCAN Function Domain*	- 0.37	- 0.38	N S
Discontinuations due to LOF	6.4%	6.3%	N S
GI AE Discontinuations	5.9%	8.1%	0.005

*Reported as mean change from baseline